

**FEDERAL EMPLOYEE BENEFITS PROGRAMS  
ACKNOWLEDGMENT STATEMENT**

As a new employee to the DHS/U.S. Coast Guard, I understand that I have a **limited time from the date of my appointment** to elect benefits.

I received information for the Federal Employees Health Benefits (FEHB), the Federal Employees Group Life Insurance (FEGLI), the Thrift Savings Plan (TSP), the Flexible Spending Account (FSA), and the Federal Long Term Care Insurance (LTC) programs.

I understand that I must complete the SF-2809, Health Benefits Registration Form, within 60 days and the SF-2817, FEGLI Election Form, within 31 days. I must return the completed forms to my Command Staff Advisor (CSA) or Human Resources (HR) Specialist, **whether I elect to enroll or not**. If I do not elect health insurance within the first 60 days of my appointment, I cannot enroll for coverage until the next open season or until a qualifying event takes place.

Under FEHB, Premium Conversion provisions automatically will cover me unless I elect to waive participation and submit the appropriate form. Premium Conversion allows me to pay my share of FEHB premiums with pre-tax dollars. If I participate in Premium Conversion, I understand that IRS rules permit me to cancel my election to participate in the FEHB program, change to a self-only plan, or cancel my participation in the Premium Conversion provisions **only during** the annual open season or when a qualifying life event occurs.

I understand that unless I waive my Basic Life Insurance coverage within the first pay period of my appointment, my coverage automatically will begin on the effective date of my appointment and deductions will be withheld. If I waive my Basic Life Insurance coverage and return the SF-2817 to my CSA or HR Specialist within the first pay period of my appointment, no deductions will be withheld. If I waive life insurance coverage at this time, I cannot elect coverage at a later date unless I wait one year from the date of waiver, take a physical exam at my own expense, and obtain approval from the Office of FEGLI. If I waive any of the options at this time, I cannot elect any of them at a later date unless I experience a qualifying life event. **There is no annual open season for life insurance.**

I understand that I have 60 days from the date of my appointment to elect to make my own contributions to TSP. As a new employee, I may use the TSP-1, TSP Election Form, to make my initial election. I must use Employee Express to make all subsequent elections. If I do not make an election within 60 days of my appointment, I must wait until a TSP open season to do so.

I understand that I have 60 days from the date of my appointment or until 1 October to enroll in the FSA program for the current plan year. If I wish to enroll after 1 October, I must do so during the annual open season.

I understand that I have 60 days from the date of my appointment to apply for the LTC program under the **abbreviated underwriting** provisions. I will be required to complete the **full underwriting** application process if I apply more than 60 days from the date of my appointment.

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Print Name

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Social Security Number

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Signature

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Date